

CLAIMS ONLY						Application Number <i>101688257</i>	Filing Date
						Applicant(s)	
* May be used for additional claims or amendments							
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		
	Indep	Depend	Indep	Depend	Indep	Depend	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15	1						
16							
17							
18							
19							
20							
21							
22							
23							
24	93						
25							
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42							
43							
44							
45							
46							
47							
48							
49							
50							
Total Indep	1						
Total Depend	13						
Total Claims	14						